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**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

Attorney Docket No.	70800.01
First Inventor	Gomringer
Title	Stent With Radiopaque Characteristics
Express Mail Label	EE891657082US

*(Only for new nonprovisional applications under 37 CFR 1.53(b))*

## APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO: Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)
2. ☐ Applicant claims small entity status.  
See 37 CFR 1.27.
3. Specification [Total Pages 17]  
(preferred arrangement set forth below)
- Descriptive title of the invention
  - Cross Reference to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to sequence listing, a table.,  
or a computer program listing appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
4. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 5]
5. Oath or Declaration [Total Pages ]
- a. ☐ Newly executed (original or copy)
- b. ☐ Copy from a prior application (37 CFR 1.63 (d))  
(for continuation/divisional with Box 18 completed)
- i. ☐ DELETION OF INVENTOR(S)  
Signed statement attached deleting inventor(s)  
named in the prior application, see 37 CFR  
1.63(d)(2) and 1.33(b).
6. ☐ Application Data Sheet. See 37 CFR 1.76

7. ☐ CD-ROM or CD-R in duplicate, large table or  
Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission  
(if applicable, all necessary)
- a. ☐ Computer Readable Form (CRF)
- b. Specification Sequence Listing on:
- i. ☐ CD-ROM or D-R (2 copies); or
- ii. ☐ paper
- c. ☐ Statements verifying identity of above copies

### ACCOMPANYING APPLICATION PARTS

- |     |                                     |   |  |
|-----|-------------------------------------|---|--|
| 9.  | <input type="checkbox"/>            | Assignment Papers (cover sheet & document(s))   |  |
| 10. | <input type="checkbox"/>            | 37 CFR 3.73(b) Statement<br>(when there is an assignee)   | <input type="checkbox"/> Power of Attorney       |
| 11. | <input type="checkbox"/>            | English Translation Document (if applicable)  |  |
| 12. | <input type="checkbox"/>            | Information Disclosure Statement (IDS)/PTO-1449   | <input type="checkbox"/> Copies of IDS Citations |
| 13. | <input type="checkbox"/>            | Preliminary Amendment   |  |
| 14. | <input checked="" type="checkbox"/> | Return Receipt Postcard (MPEP 503)<br>(Should be specifically itemized)   |  |
| 15. | <input type="checkbox"/>            | Certified Copy of Priority Document(s)<br>(if foreign priority is claimed)  |  |
| 16. | <input type="checkbox"/>            | Request and Certification under 35 U.S.C. 122<br>(b)(2)(B)(i). Applicant must attach form PTO/SB/35<br>or its equivalent. |  |
| 17. | <input type="checkbox"/>            | Other:  |  |

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)

of prior application No - 1

### Prior application information

Examiner \_\_\_\_\_

Group Art Unit .....

Prior application information: \_\_\_\_\_ Examiner: \_\_\_\_\_

**For CONTINUATION OR DIVISIONAL APPS only:** The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**19. CORRESPONDENCE ADDRESS**

<input checked="" type="checkbox"/>	Customer Number or Bar Code Label
-------------------------------------	-----------------------------------

or ☐ Correspondence address below

Insert Code Label Here

**22509**

Name

PATENT TRADEMARK OFFICE

Address

City

State

Zip Code

Country

Telephone

Fax

Name (Print/Type)

Michael E. Klicpera

Registration No. (Attorney/Agent)

38,044

Signature \_\_\_\_\_

Date \_\_\_\_\_

9/26/01

Signature: [Signature] Date: 11/11/2023

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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**FEE TRANSMITTAL  
for FY 2001**

Patent fees are subject to annual revision.

**Complete if Known**

Application Number	
Filing Date	9/26/01
First Named Inventor	Gomringer
Examiner Name	
Group Art Unit	
Attorney Docket No.	70800.01

**TOTAL AMOUNT OF PAYMENT (\$)** 728**METHOD OF PAYMENT**

- 1.
- ☒
- The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number **090424**

Deposit Account Name **Interventional Technologies Inc.**

- ☒
- Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

☐ Applicant claims small entity status. See 37 CFR 1.27

- 2.
- ☐
- Payment Enclosed:
- 
- ☐
- Check
- ☐
- Credit card
- ☐
- Money Order
- ☐
- Other

**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
101	710	201	355	Utility filing fee	710
106	320	206	160	Design filing fee	
107	490	207	245	Plant filing fee	
108	710	208	355	Reissue filing fee	
114	150	214	75	Provisional filing fee	

**SUBTOTAL(1)** (\$ 710)**2. EXTRA CLAIM FEES**

Total Claims		Extra Claims		Fee from below	Fee paid
Code	Fee	Code	Fee		
21	-20**	1	X	18	18
3	-3**	0	X	80	0
Multiple Dependent					

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
103	18	203	9	Claims in excess of 20
102	80	202	40	Independent claims in excess of 3
104	270	204	135	Multiple dependent claim, if not paid
109	80	209	40	**Reissue independent claims over original patent
110	18	210	9	**Reissue claims in excess of 20 and over original patent

**SUBTOTAL(2)** (\$ 18)

\*\*or number previously paid, if greater; For Reissues, see above

**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet.	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for <i>ex parte</i> reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	390	216	195	Extension for reply within second month	
117	890	217	445	Extension for reply within third month	
118	1,390	218	695	Extension for reply within fourth month	
128	1,890	228	945	Extension for reply within fifth month	
119	310	219	155	Notice of Appeal	
120	310	220	155	Filing a brief in support of an appeal	
121	270	221	135	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,240	241	620	Petition to revive - unintentional	
142	1,240	242	620	Utility issue fee (or reissue)	
143	440	243	220	Design issue fee	
144	600	244	300	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Petitions related to provisional applications	
126	240	126	240	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	710	246	355	Filing a submission after final rejection (37 CFR 1.129(a))	
149	710	249	355	For each additional invention to be Examined (37 CFR 1.129(b))	
179	710	279	355	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design application	

Other fee (specify) \_\_\_\_\_

\*Reduced by Basic Filing Fee Paid

**SUBTOTAL(3)** (\$ )**SUBMITTED BY**

Complete (if applicable)

Name (Print/Type)	Michael E. Klicpera, Esq.	Registration No. (Attorney/Agent)	38,044	Telephone	(858) 268-4488
Signature	<i>Michael E. Klicpera</i>	Date	9/26/01		

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

**CERTIFICATE OF MAILING UNDER 37 CFR 1.10**

Express Mail mailing label No. EE891657082US

I hereby certify that the following documents:

- ☒ New Utility Patent Application Transmittal
- ☒ Fee Transmittal
- ☒ United States Patent Application

are being deposited with the United States Postal Service with sufficient postage as "Express Mail Post Office to Addressee" in an envelope addressed to:

**Box PATENT  
Assistant Commissioner for Patents  
Washington, D.C. 20231**

on September 26, 2001.

  
\_\_\_\_\_  
Signature

Bernadette M. Salinas  
\_\_\_\_\_  
Typed or printed name of person signing Certificate

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